

CHAPTER I

Introduction

The health of pregnant women, mothers, infants, youth, and children with special health needs is important to the overall well-being of Idaho's families and communities and the State as a whole. Assuring the health of children assures the ongoing health of Idaho. Governor Kempthorne, in declaring this the *Generation of the Child*, reaffirmed that the "children of Idaho are our most precious resources and while they comprise 30% of our population they are 100% of our future" (Office of the Governor, Proclamation *Celebrating Young Americans*, April 2002).

However, assuring the health of Idaho's children and families is not always easy in an ever-changing environment. It is important, therefore, to understand the current health status of these population groups, learn about the factors that promote or impede health and wellness, and use this information to strengthen systems of care and services that families need.

To this end, the Idaho Department of Health and Welfare, Bureau of Clinical and Preventive Services (BOCAPS) contracted with Health Systems Research, Inc. (HSR) to conduct an assessment of maternal, child, and family health in the State. The purpose of the assessment is to gather and present up-to-date information about the health and well-being of the women, infants, children, children with special health care needs, and families residing in the State. The information can be used to guide policies and services to promote the health and well-being of children and families and to facilitate the appropriate and effective allocation of resources.

The assessment was conducted under the auspices of the Federal Title V Maternal Child Health (MCH) Program in accordance with its mandate to the States to conduct an in-depth maternal child needs and capacity assessment every 5 years. The assessment is designed to be useful to all those in Idaho concerned with the health and well-being of the state's mothers, infants, youth, and children with special health care needs.

Title V focuses on all mothers and children. The purpose of Title V is "to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of people" (P.L. 62-116; April 1912). Title V is the *only* Federal legislation dedicated to promoting and improving the health of the Nation's mothers and children. Because of this mandate, it provides a context and overall guidance for all programs that target specific categories of mothers and children and the special problems experienced by these population groups.

The Title V Block Grant Program is a Federal-State partnership that awards funds on a formula basis to State health agencies to meet local needs for the Title V population. Each year, Idaho

receives Federal dollars to promote maternal, child, and family health and well-being in the State. For the effective allocation of these resources, it is critical that State Title V decisionmakers have a thorough understanding of the needs of the MCH population and the capacity of the delivery system to meet these needs. It is for these reasons that it is essential for State Title V Programs to conduct maternal child needs and capacity assessments that are:

- Comprehensive
- Carefully designed
- Multifaceted, using a variety of qualitative and quantitative methodologies to obtain and analyze data
- Respectful of all segments of the maternal child health population groups
- Inclusive, involving stakeholders and families in every component of the process.

What is a needs and capacity assessment? An assessment of the needs of a population group and the capacity of the system to address those needs is fundamentally the description of the gap between “what is” and “what is needed.” However, “need” can be assessed only in relation to the outcomes desired for the population groups being assessed. For example, if a desired outcome in Idaho is early and adequate prenatal care for all pregnant women, then an assessment can be conducted to determine the extent to which pregnant women in Idaho are obtaining early and adequate prenatal care. The process then involves the identification, collection, and analysis of data to determine what prenatal services are provided, to whom, when, and how.

A needs assessment is not simply a data collection exercise but rather a process that uses both qualitative and quantitative methodologies to gather data and examine the relationships among the data. This process results in a comprehensive picture of the population’s status and needs in relation to desired outcomes.

Maternal child health outcomes form the basis for the assessment framework. The assessment framework is anchored by maternal and child health population groups with specific outcomes identified for each group. This outcome approach allows for the organized inclusion of the goals, indicators, and performance measures identified at both the MCH Federal and State levels, permitting us to view them not as isolated, unconnected requirements but rather to see their collective relevancy and utility in improving the health status of the MCH population in Idaho.

These outcomes are stated broadly enough to encompass all the factors that influence their attainment and narrow enough to provide guidance for the assessment process. A framework organized around MCH outcomes helps keep everyone focused on the changes in the health status of the MCH population that are the goals of MCH stakeholders in both the private and public sectors. This design facilitates discussion about the findings and lends itself to the identification of the organizational entities at both the State and local levels that can work with the Title V agency to use the findings for the ongoing improvement of maternal child and family health in Idaho.

The outcomes guiding this assessment were refined by Idaho stakeholders to assure the usefulness of the assessment study and the relevancy of its recommendations. The usefulness of any needs and capacity assessment is directly proportionate to its ability to relay understandable, meaningful, and applicable information to stakeholders and decisionmakers. Moreover, this approach respects the views of stakeholders and fosters their inclusion in the process through the development of an MCH Needs Assessment Advisory Group, and the involvement of stakeholders not only in the process of gathering data but also in the process of determining priorities.

In this assessment, we examine where Idaho is in relation to each outcome, the factors influencing progress toward achievement of the outcome, and the current capacity of the system to provide the services and supports needed to impact the outcomes. The MCH outcomes presented in Table I-1 serve as the framework for the needs assessment and are organized by the Title V population groups. This approach is *inclusive* of the MCH Title V National Performance Measures and the Idaho State Performance Measures and reveals a picture of needs and resources in a structure that all MCH stakeholders throughout can grasp and use readily.

Table I-1. Outcomes for Idaho MCH Population Groups	
1.	Pregnant Women <ul style="list-style-type: none"> • Women of childbearing age use ongoing preventive and primary care appropriately. • Pregnant women use early and adequate prenatal care. • Pregnant women use, as appropriate, the full range of enabling and support services to promote a positive pregnancy outcome.
2.	Mothers <ul style="list-style-type: none"> • Mothers use comprehensive postpartum services and ongoing primary care. • Mothers use, as appropriate, the enabling and support services needed by them and their families to care for their infants and children. • Mothers have access to breastfeeding information and support as needed.
3.	Infants <ul style="list-style-type: none"> • Infants are born at term, of normal weight, and without preventable congenital defects. • Very low-birth-weight (VLBW)/preterm infants are born in facilities equipped to care for them. • Infants are welcomed into a family, a home, and a community that is prepared to care for them. • Infants appropriately receive ongoing preventive and primary care.
4.	Children <ul style="list-style-type: none"> • Children receive ongoing and preventive health care consistent with the <i>Bright Futures</i> Health Supervision Guidelines. • Children are cared for in environments that protect their health, promote their well-being, and ensure their safety. • Families have access to and use services that strengthen their parenting skills appropriately. • Adolescent children use ongoing health services appropriate to their stage of growth and development. • Adolescent children obtain the health and lifestyle information and education that support lifelong positive health behaviors.

Table I-1. Outcomes for Idaho MCH Population Groups	
5.	Children with Special Health Care Needs (CSHCN) <ul style="list-style-type: none"> • Children with chronic health problems or disabling conditions use all the primary and preventive services used by typical children. • CSHCN use the full range of health-related services needed to maintain or improve their health and well-being and the services to slow, delay, or prevent untoward outcomes resulting from their chronic health conditions or disabilities. • Families of CSHCN, including their siblings, have access to and use appropriately the full range of health and health-related services required to promote their growth and well-being and manage their conditions or disabilities. • CSHCN use out-of-home childcare, preschool, and ongoing educational services as appropriate to their age, developmental stage, and health condition and/or disability.

Organization of the Report. The report is organized as follows:

- Section I – Assessment Methodologies
- Section II – The State Health and Health-related Infrastructure
- Section III – Population Demographics and Family Security Data
- Section IV – Data, Findings, and Analysis by Population Group and Outcomes
 - Section IV A: Pregnant Women and Mothers
 - Section IV B: Infants
 - Section IV C: Children and Adolescents
 - Section IV D: Children with Special Health Care Needs
- Section V – System Collaboration
- Section VI - Needs and Capacity
- Section VI – System Collaboration
- Section VI – Current Performance Measures
- Section VIII – Opportunities
- Section IX – Strategies for Ongoing Assessment